| Application or Docket Number | | | | | | | | | | | | abor . | |
|---|--|---|-----------------|-------------------------------|--------------|------------------|----------|---------------|--|----------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION REC | | | | | | | | | | | | | |
| Effective October 1, 2000 | | | | | | | | 1 / | | | | | |
| | | | | | | | | | DAS 33172 / LDI-001 | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL TYPE | ENTITY | OR | | THAN ENTITY | |
| TOTAL CLAIMS | | | 25 | | | | | RATE | FEE | 7 | RATE | FEE | |
| FOR . | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC F | EE 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | : 25 minus 20= | | ٠ ح | | | X\$ 9= | 45 | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = | | - | | | X40= | | OR | X80= | | |
| M | ILTIPLE DEPEN | DENT CLAIM P | resent | • | | | | +135= | - | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | 402 | | TOTAL | | |
| CLAIMS AS AMENDED - PART II OTHER TH | | | | | | | | | | | | THAN | |
| | <u>·</u> | (Column 1) | | (Column 2) (Column 3) | | | <u>.</u> | SMALL ENTITY | | OR | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | .23 | Minus | -2 | 5 | | | X\$ 9= | | GR | X\$18= | | |
| | independent | ·2 | Minus | ت | <u>3</u> . | 7 | | X40= | | OR | X80= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ij | 405 | · . | 1 | | | |
| | | | | | | 11101 | , I | +135= | • | OR | +270= | | |
| | | (Column 1) (Column 2) (Column 3) | | | | | | ADDIT. FE | Ē | OR | TOTAL ADDIT. FEE | | |
| <u>.</u> | | | | | ٠, | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 23 | Minus | . 2 | 5 | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | NTATION OF MI | Minus | | 3 3 All 4 | - | | X40= | | OR | X80= | | |
| L | rinoi Prese | TATION OF MU | JUITLE DEF | THE DEPENDENT CEA | | | 1 | +135= | | OR | +270= | | |
| | • | | | | | | Į | TOTA | _ | OR | TOTAL | | |
| | | | ADDIT. FE | ç —— | • | AUUII. FEE | | | | | | | |
| | | (Column 1) CLAIMS | : : : | (Colum | EST | (Column 3) | lr | | ADDI- | 1 | | ADDI- | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | 1 | PREVIO PAID | DUSLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE | |
| | Total | • | Minus | •• | | 3 | | X\$ 9≈ | | OR | X\$18= | | |
| | Independent | • | Minus | *** | | = | lt | X40= | 1 | | X80= | | |
| ٢ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 7402 | | OR | , <u>-</u> | | |
| * If the entry in column 1 is less than the entry in column 2, write "o" in column 3. | | | | | | | | | | | | | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR TOTAL ADDIT. FEE ADDIT. FEE | | | | | | | | | | | | | |
| • | The Wishest Min | har Province Dai | d End (Total or | Indonorde | anti le tha | highest mumbe | e la | nd in the s | nomoriala bo | r in cal | terms 1 | | |